



HEALTH ISSUES IN GHANA

HISTORY

Tuberculosis in Ghana started way back in the pre-independence era when the then colonial government recognized the need to combat the disease due to the threat it posed to the larger society. In July 1954, the Ghana Society for the Prevention of Tuberculosis was established to support and supplement government's efforts at combating the disease. In the early 1960's, the Government of Ghana sponsored nurses to train in Israel in the area of TB Management (they were then known as TB nurses). It also came to light that, during that same period, Mobile X-Ray Vans were used to carry out mass screening for TB.

Dr. Moses Adibo, former Director of Medical Services who was instrumental in the setting up of the National TB Control Program developed interest in TB during his work at the Winneba Government Hospital between July 1965 and April 1968, through the commitment and dedication demonstrated towards TB patients by one Dr. Shamar, a TB specialist during his regular visits to the Winneba Hospital to examine TB patients and see how the disease was being managed at the hospital. His

enthusiasm in TB further deepened when he started seeing TB patients at Nsawkaw in the Western Region. Over there, he observed that TB patients when asked to go for X-Ray at Wenchi or Sunyani Government Hospital did not show up and only resurfaced after sometime. News that they were seeking treatment at a sanatorium in La Cote d'Ivoire prompted Dr. Adibo and his team of nurses to pay a fact finding visit to the Bontoukou TB sanatorium in La Cote d'Ivoire.

There, they discovered that the patients go to Bontoukou due to financial difficulties since over there, diagnosis and treatment was free; they were however forced to return to the Nsawkaw Government Hospital after some time due to the need for social support from their relatives back home. According to Dr. Adibo, this revelation further deepened his interest in TB. According to Dr. Adibo, in June 1986, when he became the Director of Medical Services, he took a critical look at TB statistics (over a period of 10 years) across the country and realized that there was a rise in TB cases in every region.

This prompted him to put the issue across at the Regional Directors conference held at Ho in 1992. It was at this conference that consensus was reached on the need for a TB control program followed by the drafting of a TB Control Program document for Ghana. To facilitate the setting up of the program, Dr. Eugene Nyarko undertook a six-month WHO fellowship to study TB in Wales and Masters in Public Health program in London and became the first Program Manager of the TB Control Program in 1993.

In 1991 the Director of Medical Services recognized the poor situation of TB in the country and concluded that important measures were required to rectify it. In 1992, initiatives started to design a new NTP and DANIDA was approached for financial support. In November 1993, an agreement between DANIDA and the Government of Ghana was signed on the basis of a Project Document. The Document reflected the mainstream policy of the IUATLD (International Union Against TB and Lung Diseases) at that time.

The implementation of the program started in 1994 with training sessions in three regions. In the same year, Ghana adopted the WHO DOTS Strategy, based on the five pillars of political commitment; diagnosis by sputum smear microscopy, standardized supervised treatment, uninterrupted drug supply and recording and reporting system. DOTS (**D**irectly **O**bserved **T**reatment **S**hort course) was implemented countrywide within the 5 tier health system in the public sector.

The NTP is currently implementing the DOTS Strategy for TB control. The strategies involve ensuring regular drug supply, surveillance, building capacity for TB treatment and control, and directly supervising treatment among others. By W.H.O. definition Ghana achieved 100% DOTS coverage in 2000. Presently, Ghana is in the maintenance phase of DOTS expansion.

The NTP is now implementing the new Stop TB Strategy of WHO which has six strategies to achieve the 2015 TB related Millennium Development goals as follows;

1. Pursue high-quality DOTS expansion and enhancement

- a. Political commitment with increased and sustained financing
- b. Case detection through quality-assured bacteriology
- c. Standardized treatment, with supervision and patient support
- d. An effective drug supply and management system
- e. Monitoring and evaluation system, and impact measurement
- 2. Address TB/HIV, MDR-TB and other challenges
 - a. Implement collaborative TB/HIV activities
 - b. Prevent and control MDR-TB
 - c. Address prisoners, refugees and other high-risk groups and situations
- 3. Contribute to health system strengthening
 - a. Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
 - b. Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
 - c. Adapt innovations from other fields
- 4. Engage all care providers
 - a. Public–Public and Public–Private mix (PPM) approaches
 - b. International Standards for Tuberculosis Care (ISTC)
- 5. Empower people with TB, and communities
 - a. Advocacy, communication and social mobilization
 - b. Community participation in TB care
 - c. Patients' Charter for Tuberculosis Care
- 6. Enable and promote research
 - a. Programme-based operational research
 - b. Research to develop new diagnostics, drugs and vaccines

LOCATION

The office of the programme is located on the premises of the Disease Control Unit of the Ghana Health Service, Korle-bu.

FUNDING

The Government of Ghana supports the programme financially every year but the main funding for its activities is from the Global Fund which is set aside to support the country control Malaria, Tuberculosis and HIV/AIDS.

Ghana Health Service

<http://www.ghanahealthservice.org/>

Official Website of Ghana Health Service Of The Republic of Ghana. The Website is the official mouth piece of the Ghana Health Service and contains various documents ...

NATIONAL HEALTH INSURANCE AND AKOMFO?

Benefits Package

Over 95% of disease conditions that afflict us are covered by the NHIS.

OUT PATIENT SERVICES

- General and specialist Consultations reviews
- General and specialist diagnostic testing including, laboratory investigation, X-rays, Ultrasound scanning
- Medicines on the NHIS Medicines list
- Surgical Operation such as Hernia repair
- Physiotherapy

IN PATIENT SERVICE

- General and specialist in patient care
- Diagnostic tests
- Medication-prescribed medicines on the NHIS medicines list, blood and blood products
- Surgical operations
- In patient physiotherapy
- Accommodation in the general ward
- Feeding (where available)

ORAL HEALTH

- Pain relief (tooth extraction, temporary incision and drainage).
- Dental restoration (simple amalgam filling, temporary dressing).

MATERNITY CARE

- Antenatal care
- Deliveries (normal and assisted)
- Caesarean session
- Post-natal care

EMERGENCIES

These refer to crises in health situations that demand urgent attention such as:

- Medical emergencies
- Surgical emergencies
- Pediatric emergencies
- Obstetric and gynecological emergencies
- Road traffic accident

See also

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